On The Job Training Curriculum

Training Course for District Level Family Planning Supervisors

(Participants Manual)

(Final Draft)

December 2005

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Adult Learning

Adult Learning

Learning involves more than exposure to new ideas and ways of solving problems and doing things. Rather, learning involves changing knowledge, attitudes and behaviors.

Adults participating in training course have learned when they:

- Integrate and apply new information.
- Change their perceptions, feelings, or values
- Improve the way they perform old tasks
- Demonstrate the ability to perform new tasks.

Characteristics of adult learners

Learning is not only function of youth; adults continue to learn new information and skills through out their lives.
Adult learning (training course) should be designed according to their unique needs and styles, which :

- **Is Participatory**: adults learn best when they actively involved in the learning process. They are more likely to learn and retain new information when training creates opportunities for them to practice applying new knowledge and skills.
- **Is Supportive**: Adults are more likely to learn in an environment that is supportive, in which learners receive positive reinforcement such as encouragement instead of negative reinforcement such as criticism.
- **Build on experience of learners**: effective training provides adults an opportunity on existing perspectives, knowledge and skills and to share these with other learners. Valuing the existing experience of learners not only helps them to feel comfortable with new knowledge and skills, but is also effective in helping them link what they have learned to real life context.
- **Is Relevant**: Adults respond best to learning opportunities that offer them the chance to learn information and skills that are relevant to the context of their workplace and communities and that they will apply immediately.

Table 1-1: adult learning

Adults learn best when….	**The role of the trainer is to…..**
They feel valued and respected for the experiences and perspectives they bring to the training situation.	Elicit and affirm learners' experiences and perspectives.
The learning experience is active and not passive	Actively engage learners in their learning experience.
The learning experience fulfills their immediate needs	Identify learners' needs and design training content and methods that meet these needs and are directly relevant to

Adults learn best when….	The role of the trainer is to…..
	learners' experiences.
They accept responsibility for their own learning.	Establish and enforce group norms that create an environment of individual and group responsibility for learning.
Their learning is self-directed and meaningful to them.	Involve learners in deciding on the content that will be covered during the training.
Their learning experience addresses ideas, feelings and actions.	Use multiple training methods that elicit knowledge, attitudes and skills.
New material is related to what learners already know.	Use training methods that enable learners to integrate new material and establish a relationship with existing information.
The learning environment is conducive to learning.	Take measures to ensure that the physical and social environment (training space) is safe, comfortable and enjoyable.
Learning is reinforced.	Use a variety of activities to facilitate learning similar concepts through different means and ensure prompt, reinforcing feedback.
Learning is applied immediately.	Provide opportunities for learners to apply the new information and skills they have learned.
Learning occurs in small groups.	Use small-group training methods that encourage learners to explore feelings, attitude and skills with other learners.
The trainer values their contributions as both a learner and a teacher.	Encourage learners to share their expertise and experiences with the trainer and other learners.

The adult Learning Cycle

Adults learn through a process in which they analyze and apply this information to their own lives.

- Phase 1: experience new information
- Phase 2: process new information
- Phase 3: generalize the experience
- Phase 4: apply the experience to actual work or life situation.

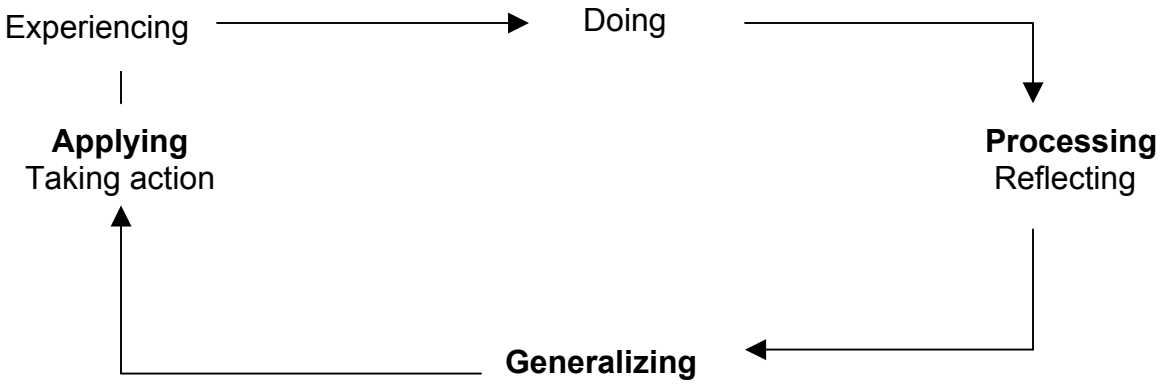


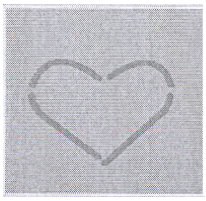
Figure 1-1: Adult learning cycle

Different learning styles:

Individuals / learners have different ways in which they learn and retain knowledge and skills, People's learning styles can be divided mainly into 4 groups:

- Experimenters: who learn best through exercises that provide an opportunity to try out new ideas, they also learn by relating emotionally to people and new ideas.
- Observers: who learn best while observing others and reflecting individually on new knowledge and concepts
- Innovators: those like to take risk, influence others, and show that they are able to complete tasks.
- Analyzers: who learn primarily through analyzing new information, relate it to theories, abstracts, concepts …

Experiencers
Learning by experiencing

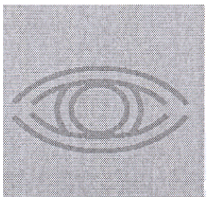


Attributes: receptive, like experienced-based learning, empathetic, oriented towards peers, make feeling-based judgments, like feedback and discussion, lead with their hearts, see each situation as unique, do not like a theoretical approach, ask "why?".

Learning strengths: learning by experiencing relating to people, being sensitive to feelings and people.

Preferred learning situations: new experiences, games, role-plays, discussion, brain-storming, hands-on.

Observers
Learning by reflecting

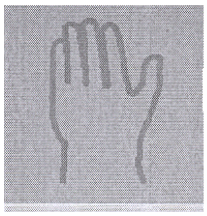


Attributes: tentative, observe what is going on carefully, use what works, like to get to the point, use plans and timelines, introverted, like practical application, use strategic thinking processes, ask “how does it work?”

Learning strengths: carefully observing before making judgments, viewing issues from different perspectives, looking for the meaning of things.

Preferred learning situations: lectures, demonstrations, videos, visual aids, modeling, exhibits, study tours/field trips.

Innovators
Learning by doing

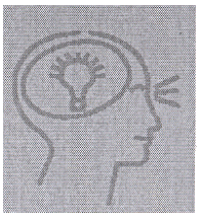


Attributes: like to be doing something, enjoy self-discovery, open to all kinds of possibilities, flexible, risk-takers, extroverts, like to experiment with new things, dislike passive learning, ask “it”?

Learning strengths: showing ability to get things done, taking risks, acting to influence people and events.

Preferred learning situations: leadership role in projects, role-plays, skits, action plans, experimental, hands-on exercises.

Analyzers
Learning by thinking



Attributes: analytical, use logic, think in sequences, pay attention to details, like certainty, oriented towards symbols and ideas, authority-oriented, prefer impersonal learning, ask “what?”

Learning strengths: logical analysis of ideas, systematic planning, deductive thinking.

Preferred learning situations: lecturers, case studies, reading, journaling, visualization, symbolic art.

What is Competency-based Training (CBT)?

In a traditional educational system, the unit of progression is time and it is teacher-centered. In a CBT system, the unit of progression is mastery of specific knowledge and skills and is learner-or participant-centered. Two key terms used in competency-based training are:

- **Skill** – A task or group of tasks performed to a specific level of competency or proficiency, which often use motor functions and typically require the manipulation of instruments and equipment (e.g. IUD insertion or Norplant implants removal). Some skills, however, such as counseling, are knowledge-and attitude-based.

- **Competency** – A skill performed to a specific standard under specific conditions.

A competent clinician (e.g. physician, nurse, midwife, medical assistant) is one who is able to perform a clinical skill to a satisfactory standard. Competency-based training for reproductive health professionals then are training based upon the participant's ability to demonstrate attainment or mastery of clinical skills performed under certain conditions to specific standards (the skills then become competencies). There are five essential elements of a CBT system:

- Competencies to be achieved are carefully identified, verified and made public in advance.
- Criteria to be used in assessing achievement and the conditions under which achievement will be assessed are explicitly stated and made public in advance.
- The instructional program provides for the individual development and evaluation of each of the competencies specified.
- Assessment of competency takes the participant's knowledge and attitudes into account but requires actual performance of the competency as the primary source of evidence.
- Participants progress through the instructional program at their own rate by demonstrating the attainment of the specified competencies.

Characteristics of CBT

How does one identify a competency-based training program? In addition to a set of competencies, what other characteristics are associated with CBT?

Table 1-2:

Characteristics of Competency-Based Training Programs
❑ Competencies are carefully selected. ❑ Supporting theory is integrated with skill practice. Essential knowledge is learned to support the performance of skills. ❑ Detailed training materials are keyed to the competencies to be achieved and are designed to support the acquisition of knowledge and skills. ❑ Methods of instruction involve mastery learning, the premise that all participants can master the required knowledge or skill, provided sufficient time and appropriate training methods are used. ❑ Participant's knowledge and skills are assessed as they enter the program and those with satisfactory knowledge and skills may bypass training or competencies already attained. ❑ Learning should be self-paced. ❑ Flexible training approaches including large group methods, small group activities and individual study are essential components. ❑ A variety of support materials including print, audiovisual and simulations (models) keyed to the skills being mastered are used. ❑ Satisfactory completion of training is based on achievement of all specified competencies.

Advantages and Limitations of CBT

One of the primary advantages of CBT is that the focus is on the success of each participant. The competency-based approach "appears especially useful in training situations where trainees have to attain a small number of specific and job-related competencies". Benefits of CBT include:

- Participants will achieve competencies required in the performance of their jobs.
- Participants build confidence as they succeed in mastering specific competencies.
- Participants receive a transcript or list of the competencies they have achieved.
- Training time is used more efficiently and effectively, as the trainer is a facilitator of learning as opposed to a provider of information.
- More training time is devoted to working with participants individually or in small groups as opposed to presenting lectures.
- More training time is devoted to evaluating each participant's ability to perform essential job skills.

While there are a number of advantages of competency-based training, there also are some potential limitations. Prior to implementing CBT, it is important to consider these limitations:

- Unless initial training and follow up assistance is provided for the trainers, there is a tendency to "teach as we were taught" and CBT trainers quickly slip back into the role of the traditional teacher.
- A CBT course is only as effective as the process used to identify the competencies. When little or no attention is given to identification of the essential job skills, then the resulting training course is likely to be ineffective.
- A course may be classified as competency-based, but unless specific CBT materials and training approaches (e.g. learning guides, checklists and coaching) are designed to be used as part of a CBT approach, it is unlikely that the resulting course will be truly competency-based.

Models and Simulations in CBT

Models and simulations are used extensively in competency-based training courses. Supervisors first learn to provide feedback to employees using role-plays during training. Individuals learning to administer cardiopulmonary resuscitation (CPR) practice this procedure on a model of a human (mannequin).

Norton (1987) believes that participants in a competency-based training course should learn in an environment that duplicates or simulates the work place. Richards (1985) in writing about performance testing indicates that assessment of skills requires tests using simulations (e.g. models and role plays) or work samples (i.e. performing actual tasks under controlled conditions in either a laboratory or a job setting). Finally, Delker (1990) in a study of business and industry found that the best approach for training involved learner-centered instruction using print, instructional technology and simulations.

Implications for Using CBT

In a 1990 study of three operating competency-based programs, Anthony Watson identified a number of implications for organizations considering implementing for organizations considering implementing a CBT system:

- Organization must be committed to providing adequate resources and training methods.
- Audiovisual materials need to be directly related to the written materials.
- Training activities need to match the objectives.
- Continuous participant interaction and feedback must take place.
- Trainers must be trained to conduct competency-based training courses.

- Individuals attending training must be prepared for CBT as this approach is likely to be very different from their past educational and training experiences.

2

Change Behavior

Change Behavior

Change is a shift in the way things are currently functioning. Change is happening all the time. Change can be seen as positive, leading to new opportunities and possibilities, but change can also be seen as producing negative and unforeseen pressures.

No matter how change is viewed, it creates a series of challenges for every supervisor and clinical trainer as well as every employee. Change happens because without it there is no progress, no achievement of goals. Change can come from the "outside" – imposed by forces beyond personal control, or change can come from the inside – initiated by the supervisor or areas within his or her control.

Resisting Change

The most common reason people might resent or resist change is the fear that they will lose something personal such as:

- Employment
- Money
- Demand for their particular skill or competency
- Contacts or interactions with colleagues
- Freedom in their job
- Position of power or authority
- Good working conditions
- Status

Other reasons include:

- Disagreement with the necessity of the change
- Dislike for the person responsible for making the change
- Dislike or irritation at the way the change was announced
- A feeling that they should have been consulted for their opinion
- A feeling that the change has created more work

Changes are therefore best accepted when they come from the staff themselves, which is another reason to make sure they give their input.

Welcoming Change

There are many reasons why people accept or welcome change. The most common reason is that people see some type of personal gain or benefit. Examples include:

- Better use of their skills
- Money
- Position of greater power or authority
- More responsibility
- Work is easier as a result of the change

In addition to personal gain or benefit, people also accept or welcome change when they:

- Have an interest in new challenges
- Have a positive attitude toward the person introducing the change
- Feel a part of the decision-making process which brings about the change
- See new opportunities

What Kind of Changes Will Work?

The most successful kind of change has the following characteristics:

- The change helps the clinic and its employees get something they want or need
- It has a minimal impact on working relationships
- The change is introduced in phases
- It “fits” the clinic’s mission, goals and structure
- It is clearly communicated
- Employees have adequate time to adjust to the change
- Employees understand the rationale for the change
- Employees have had a chance to discuss the change
- Change is led by an appropriate level person within the clinic
- That person is liked
- That person has the proper authority

Reduction of resistance to change (trainer responsibility) could be in a number of ways, include:

- Allowing learners as much choice as possible in selecting what will they learn.
- Illustrating the ways in which applying new knowledge, attitude and skills can benefit the learners.
- Reinforcing new learning by providing structured activities in which learners practice applying what they have learned.

Challenging learners

In most training groups there are learners whose behavior poses challenges to a smooth and effective training process, listed below are some different types of challenging learners and some suggested ways to work effectively with them.

Table 2-1: Challenging learners

Type of Challenging learner	Why are they challenging	Ways to work effectively with this type of learner
"know-it-alls"	• May actually have a lot of information about the topic, but still could benefit from the experiences and perspectives of others.	• Acknowledge that they are a wealth of information. • Approach them during a break and ask for their assistance in answering a specific question. At the same time, express that you want to encourage everyone to participate and enlist their help in doing so.
"I'm only here because I have to be"	• May have been required to attend the workshop, yet have no particular interest in the topic.	• Acknowledge that you know that some of the learners are present because they have to be. • Ask for their assistance in making this a meaningful experience. • Ask especially, "How can I make this workshop helpful to you?"
"Naysayer"	• May be prejudiced. • Won't accept yours or other learners' points of view.	• Do not put them down or make them feel isolated. Keep them involved, if possible.

Type of Challenging learner	Why are they challenging	Ways to work effectively with this type of learner
	• Unwilling to negotiate or compromise their position. • Often disruptive and create discomfort for the group.	• Throw their views to the group by questions or examples. Try to get the group to bring them around. • Say that time is short and you would be glad to discuss their issues with them individually. • Ask them to accept the views of the group or the trainer for the moment.
"Talkers"	• May be "eager beavers" or show-offs. • May be exceptionally well informed and anxious to show it or just naturally wordy. • May need to be heard because they are still working through difficult emotional issues. • May take time away from other learners.	• Do not be belittling or sarcastic – you may need their help later. • Slow them down with some difficult question or task, such as group leader. • Interrupt tactfully with something like, "That's an interesting point…now let's see what the rest of the group thinks of it". • In general, let the group take care of them as much as possible. • Avoid eye contact. • Give them a role. • State that one of your roles is to keep people on time. • Quick interruption – move nearby and put your hand on his or her shoulder. • Paraphrase that their stories are important, and you and others would love to hear them later or after the workshop.
"Inaccurate commentators"	• Come up with comments that are obviously incorrect.	• Say, "Thank you for giving me a chance to clear up that point. • Say, "I see your point, but can we look at it this way…." • Don't ever put them down or make them feel stupid.

Type of Challenging learner	Why are they challenging	Ways to work effectively with this type of learner
		Must be handled positively and delicately. • Ask if others have the same belief • Acknowledge what they have offered as a common myth or commonly misunderstood concept.
"Clashers"	• Two or more learners strongly disagree or bring personalities into the discussion. This can divide your group into factions.	• Emphasize points of agreement, minimize points of disagreement. • Point out how the argument has been productive in illustrating certain points. • Draw attention to objectives and ground rules of the session, cut across the argument with a direct question about the topic. • Bring a less argumentative learner into the discussion. • Keep your cool. Ask that personalities be omitted or that arguments be productive and directed toward topic definition or resolution. • Stay neutral. • Stick to the topic. • Acknowledge emotionally of topic.
"Side conversationalists"	• Have conversations with their neighbors that may or may not be related to the topic, but are distracting to other learners or to you.	• Do not embarrass them. • Call them by name; ask an easy question. • Call them by name, then restate the last opinion expressed or last remark made by group, and ask their opinion of it. • If you are in the habit of moving around the room, saunter over and stand casually behind them. This should make their

Type of Challenging learner	Why are they challenging	Ways to work effectively with this type of learner
		conversation obvious to them and the group. • Ask the group to add "no side conversations" to the list of ground rules.
"Questioners"	• May be genuinely curious. • May be testing you by putting you on the spot. • May have an opinion, but lack the confidence to express it.	• Acknowledge that the they seem to have a lot of questions about a particular topic. • If the questions seem like legitimate attempts to gain content information that other members of the group already know, tell them that you will be happy to work with them later to fill in the gaps, or put the question on the parking lot. • Reframe or refocus by sending the questions back to the questioner. • Establish a buddy system (for example, ask for volunteers who would be willing to meet with them).
"Ramblers"	• Talk about everything but the topic. • Use inappropriate or far-fetched examples from their own experiences.	• When they stop for a breath, thank them, refocus attention by restating relevant points and move on. • Smile, tell them that their points are interesting, apply them to the discussion, if you can, and indicate in a friendly manner that the group is getting a bit off the subject.
"Shy and timid"	• May feel timid or insecure • May be bored or indifferent	• Try to arouse their interest by asking them an easy, direct question. Talk to them on a personal basis with the group looking on. • Ask questions of the person next the them,

Type of Challenging learner	Why are they challenging	Ways to work effectively with this type of learner
		and then ask them to respond to that person's answer.
"Off-based commentators"	• Are not rambling, but make comments that are not relevant to discussion. • May confuse other learners.	• Say, "How would you relate this to the discussion at hand?" • Say, "It sounds like what you are saying is…" and then rephrase. Then clarify, "Is that a fair statement of your point?" • Set aside the comment or question for later discussion. • Reframe or refocus onto the topic. • Explain where the learners' comments fit into curriculum.
"Arguers"	• Have combative personalities • May not want to be at the workshop • May be upset by personal or family health issues • May upset other learners	• Keep your own temper firmly in check. Do not let the group get excited either. • Honestly try to find merit in one of their points, or get the group to do it, and then move on to something else. Say, "That was a good point" or "We have heard a lot from (person's name); who else has some ideas"? • If facts are misstated, ask the group for their thoughts; let them make the corrections. • As a last resort, talk with them in private, find out what's going on and ask for their cooperation. Say, "Let's talk during the break. How can be on the same team?" • Give them a role.
"Gripers"	• Have a pet peeve with you, the group, the subject, the health-care	• Indicate that you 'll discuss the problem with them later in private.

Type of Challenging learner	Why are they challenging	Ways to work effectively with this type of learner
	system, etc.	• Throw the issue back to the group. Have a member of the group answer them. • Indicate time pressures and emphasize the need to move on.
"Emotionals"	• Become very emotional, during training. • May be needing lots of support. • May upset other learners.	• Offer support by saying, "It seems like you're feeling very upset right now" • Make sure they feel free to leave the room if they find it is necessary to take care of themselves. • Allow other learners to comfort them. • Encourage them to talk with you or others during breaks or at the end of the workshop.

3

Training Methods

Training Methods

Training methods

Table 3-1:

Training method	Description	Knowledge	Attitude	Skills	Learning Style
Lecture only	Verbal presentation of information, theories and principles; often supplemented by audiovisuals and question and answer.	X			Analyzers Observers
Small-group discussion	Interactive process of sharing information, ideas and experiences related to a learning objective, often to solve a problem.	X	X		Experiencers
Brainstorming	An activity to spontaneously generate a creative list of ideas, thoughts, problems or solutions around a particular theme or topic without regard to application of these ideas.	X	X		Experiencers
Case study	Participants are asked to read, study and react to a realistic scenario that focuses on a specific issue, topic or problem.	X	X		Analyzers
Demonstration, modeling	A presentation of the method or steps taken to correctly complete a procedure, clinical task or other activity.	X		X	Observers
Role-play	Participants play out roles in a simulated situation related to the training objectives; often followed by discussion and analysis.	X	X	X	Experiencers Analyzers
Question and answer	Questions are asked or invited, and then answered by a trainer or content expert.	X			Observers
Field trip	Travel to another location to observe an operational facility or other venue outside the classroom that is relevant to the content of a training session.	X			Innovators Experiencers

Training method	Description	Knowledge	Attitude	Skills	Learning Style
Practicum	Guided and/or supervised practical application of new knowledge, skills or attitudes in a setting outside of the classroom. Practice may be guided by the trainer, a supervisor in the workplace or conducted independently using a study guide.	X	X	X	Innovators Experiencers
Assignment	A method of direct study by a group of participants or an individual in which an assigned task is performed outside the classroom setting.	X	X	X	Innovators Experiencers
Game	Learning activity that is intended to be fun. Usually has rules and sometimes is competitive, but the purpose relates to the training objectives.	X	X		Experiencers
Individual tutorial	Individual study of information by a trainee under the instruction of a tutor or trainer to supplement other training methods.	X		X	Innovators Experiencers
Panel discussion	Presentations made by content experts or lay people with life experience relevant to training topics. Often followed by discussion and/or question and answer.	X	X		Observers
Videos, films, visual aids, exhibits	Visual media used to stimulate thought, present an object or process that cannot be shown directly, and increase understanding related to the training content.	X			Observers Analyzers
Coaching	The trainer explains procedures or routines, demonstrates tasks, and models the correct performance of a skill or activity. The trainer observes and interacts with participants while they practice the task, providing ongoing feedback about their performance, monitoring their progress and helping them overcome problems.	X	X	X	Innovators Experiencers

Participatory techniques:

Effective trainers are able to use a variety of participatory methods that provide learners with opportunities to learn and practice new attitudes, knowledge and skills. Using participatory techniques enable trainers to:

- Maintain the interest of learner.
- Meet the needs of learners with different learning styles.
- Facilitate the participation of all learners.
- Increased learners " learning retention and recall.

Table 3-2:

Learning & recall according to type of training method		
Type of training method	Ability to recall	
	After 3 hours	After 3 Days
Verbal (one way lecture)	25 %	10-20%
Written (reading)	72%	10%
Visual and verbal	80%	65%
Participatory (role play, case studies, practice)	90%	70%

Characteristics of effective trainers

Effective trainers:

1. **Know their subject matter:** They have researched their topic and are well informed and perceived as credible by learners.
2. **Take the time to get to know their audience.** They demonstrate respect for and listen to the learners. They call learners by name, if possible.
3. **Are nonjudgmental.** They validate everyone's experience and their right to their own perspective. They respect differences of opinion and life choices.
4. **Are culturally sensitive.** They are aware that their cultural background shapes their views and beliefs, just as the perspectives of learners are shaped by their own culture and life experiences.
5. **Are self-aware.** They recognize their own biases and act in a professional manner when their "hot buttons" are pushed.
6. **Are inclusive.** They encourage all learners to share their experiences and contribute to the group-learning process in their unique ways.

7. **Are lively, enthusiastic.** They use humor, contrasts. They keep their listeners interested and challenge their thinking.
8. **Use a variety of vocal qualities.** They vary their pitch, speaking rate and volume. They avoid speaking in monotones.
9. **Use "body language" effectively.** Their body posture, gestures and facial expressions are natural and meaningful, reinforcing their subject matter.
10. **Make their remarks clear and easy to remember.** They present one idea at a time and show relationships between ideas. They summarize when necessary.
11. **Illustrate their points.** They use examples, charts and visual and audio aids to illustrate subject matter.
12. **Understand group dynamics and are comfortable managing groups.** They are comfortable with conflict resolution.
13. **Are flexible.** They read and interpret learners' responses – verbal and nonverbal – and adapt training plans to meet their needs. They are "in charge" without being overly controlling.
14. **Are open to new ideas and perspectives.** They are aware that they do not know all the answers. They recognize that they can learn from course participants, as well as offering them new knowledge or perspectives.
15. **Are receptive to feedback.** They encourage co-trainers and learners to give feedback, both informally and through formal evaluation. When they receive negative feedback about their performance, they critically analyze this feedback instead of becoming defensive.
16. **Continuously work to improve their performance.** Even the most experienced trainers can improve their training skills. Effective trainers seek out opportunities to learn new skills and use negative feedback as an opportunity to improve.

4

Health Care Delivery Skills

Health Care Delivery Skills

The delivery of health care services requires a combination of skills, primarily in the areas of communication, clinical care, critical thinking and management.

- Communication skills: include listening, asking questions, educating, advising, counseling and checking understanding.
- Clinical Care skills: include abilities to asses the patient's condition, decide what action is needed, and design and implement a care strategy.
- Critical thinking skills: include analyzing, reasoning, reflecting, creating ideas and clarifying information.
- Management skills: include organizing, regulating, being in charge of functions such as assigning tasks to staff, maintaining patient records, ensuring availability of medications and supplies, referral.

Table 4-1:

Skill area		Health care delivery skills
▪ Communication ▪ Clinical Care ▪ Critical thinking ▪ Management	**Development of health care delivery skills**	▪ Organize services ▪ Manage equipment & supplies ▪ Take a medical history ▪ Perform physical examination ▪ Insert / remove IUD ▪ Interpret diagnostic tests ▪ Prescribe treatment ▪ Advise patient ▪ Counsel patient ▪ Refer patient ▪ Keep accurate records ▪ Assign task staff

Health care delivery skills are best developed by:

- Introducing and demonstrating skill,
- Observe trainees / learners as they practice the skill,

- Giving feed back to learners on how well they performed the skill,
- Assessing trainees for competency in the skill.

Skill development process:

When the health care provider learn skills, they move through three stages of skill development:

- **Skill Acquisition:** when they aware of the skill and how it should be performed, but do not always perform it correctly.
- **Skill Competency:** when they perform skill correctly but may not always progress from step to step efficiently.
- **Skill Proficiency (Mastery):** usually obtained when health care provider have practicing skill over time in their daily work.

Proficient health care providers consistently perform skills correctly and efficiently.

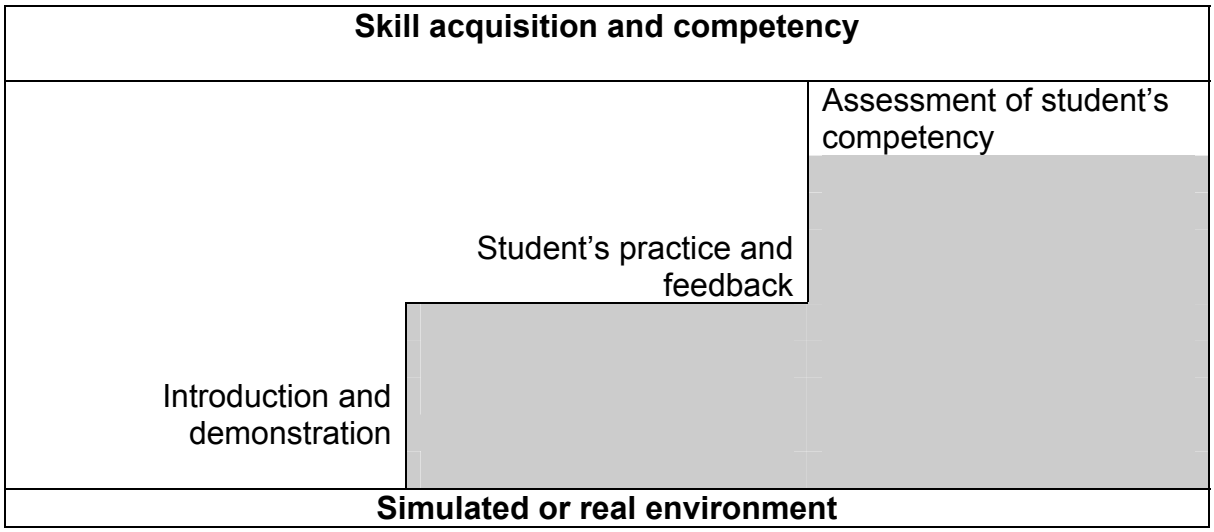


Figure 4-1 steps for development of health care delivery skills

Management of Clinical Practice/ Training

Practice in a clinical setting is essential for developing health care delivery skills. Clinical Practice prepare service providers for the roles and responsibilities they will hold in their profession and give them opportunities to integrate knowledge, skills and attitude.

Management of clinical practices effectively, the clinical trainer / supervisor has to do followings:

- Coordinate for clinical practice training,
- Conduct clinical practice sessions
- Monitor trainees/ learners performance

Coordinate for clinical practice training:

Coordination include ensuring that all involved understand their roles and responsibilities, it also planning and structuring clinical practice session, and ensuring that logistics have been properly managed. Clinical practice requires that both trainees and trainers / clinical supervisors carry out specific tasks through out the clinical practice sessions.

Tasks for trainees:

- Review any assigned readings or job aids.
- Attend and actively participate in all clinical practice sessions.
- Take an active role in learning and communicate questions to clinical trainer / supervisor.
- Obtain comprehensive medical history.
- Conduct physical examinations.
- Present findings clearly and concisely.
- Observe demonstration of skills and perform skills.
- Interpret screening or diagnostic laboratory test.
- Educate and counsel patients and families.
- Document findings and experiences in organized, thorough manner.
- Evaluate clinical practice experience.

Tasks for clinical trainers / supervisors:

- Maintain up-to-date health care delivery skills in his / her areas of expertise.
- Review related training materials and tools.
- Review learning objectives of clinical practice session.
- Ensure that necessary logistics have been arranged.
- Orient clinical staff (nurses, others..) of clinical practice objectives.
- Ensure that trainees have the essential tools (checklists, job aids, student performance report…)
- Select appropriate patients based on the learning objectives of the clinical session.
- Demonstrate skills for the trainees according to checklist.
- Observe trainees as they practice, provide feedback on their performance, discussing both strengths and areas for improvement.
- Sign and review logbooks.
- Assess and report trainees' performance.

(Refer to Annexes – Part 1 – Exercise 1: Plan for Clinical Practice)

Structure clinical Practice sessions:

The clinical trainer / supervisor should keep the followings in mind when structuring clinical practice session:

- **Move from basic to more complex skills.** Once students master simple skills, they will feel more comfortable with complex skills. For example, students should be able to manage a normal labor and childbirth competently before they manage complications. This progression allows students to develop confidence and helps ensure their success.
- **Move trainees from observation to direct work with the patients.** Continue the skills development process by demonstrating skills for students and allowing them to practice and receive feedback before demonstrating skills for assessment (see Facilitate the Development of Healthcare Delivery Skills)
- **Structure activities to allow for the most interaction with patients.** Although demonstration is appropriate in the beginning of clinical sessions, allow students direct contact with patients as soon as you believe it is appropriate. The more students works with patients, the more knowledge and experience they will acquire.

- **Plan a rotation system so that the trainees do not overwhelm one area.** For example, three or four students are the most that a specific area of a clinic can absorb without affecting service delivery. If there are more, plan a rotation system that allows each student to have equal time and opportunity in each clinic area. This also helps balance the load for staff members who will be working with students. For example, several students can be assigned to the counseling area, several to the screening area, several to the outpatient department, and several to different inpatient wards. They can change work areas every few hours, everyday, or every few days – whichever seems most appropriate.
- **Prepare for activities that trainees can do when there are no appropriate patients at the clinical practice site.** There may be times when students will not have any planned activities with patients. Provide alternative activities for learning such as interviewing patients about patient satisfaction, observing existing infection prevention practices on the inpatient wards, reviewing charts, and assessing how care is documented.

Choose a Teaching Approach

Choose teaching methods for both outpatient and inpatient teaching. Below are several suggested methods for each setting. Decide on the method based on the number of students, patient caseload, availability of clinical instructors and staff, and physical space. If you are coordinating clinical practice with another clinical instructor or other staff member, discuss these methods and decide together which ones will be most effective.

Outpatient Department

- **Apprentice.** In an apprenticeship, students function as healthcare providers while the clinical instructor or assigned staff member closely observes and intervenes when appropriate. This slows down patient flow and must be used with sensitivity toward the patient's waiting time and the clinic's caseload. Apprenticeships provide excellent practice in interpersonal skills such as interviewing and counseling.
- **Team member.** Students function as a member of the team. They see patients individually or in pairs in a separate room, and then report back to a clinical instructor or assigned staff member about their findings and recommended plan of care. This gives students a more independent experience but takes more of the patient's time.

- **Supervisor.** Students are assigned to several different rooms, and a clinical instructor or other designated staff member moves back and forth among the rooms providing feedback and supervision. This method allows students a great deal of independence, but does not allow for much direct supervision.

Inpatient Ward

- **Patient-centered teaching.** This option allows a student to be assigned to one or several patients to follow over an extended period of time. The student works under the supervision of a clinical instructor or assigned staff member and is responsible for the patient's care. The student will present the patient during rounds, assist in creating, documenting, and implementing the care plan, and communicate with the staff about the patient's condition. This is a very common method of inpatient teaching and can be very effective.
- **Ward rounds.** Ward rounds may be used for either observation or interaction. Care must be taken during ward rounds to protect the patient's privacy and not to avoid talking as if the patient were an object. It is better to discuss the patient in a private location away from the bedside.
- **Observation:** The students join rounds as observers. The healthcare provider managing the patient's care will report the patient's presenting complaint, initial findings and treatment, laboratory and other diagnostic results and interpretation, current condition and future plans.
- **Interaction:** During ward rounds, the students are asked questions about the patient's condition and are expected to respond. Several of the students may have been asked to prepare to present the patient to the group.

Remember: Safe and efficient provision of services must be the highest priority for everyone working in the clinic, regardless of individual roles and responsibilities, and must not compromised for the sake of training.

Conduct a clinical practice session:

During the clinical practice session, the trainer / coach will demonstrate the skill first, then give opportunity for trainees to practice this skill under supervision, give feedback, then assess competency in performing these skills.

I. Demonstration

Introduce and demonstrate a skill:

The first step of skill development process, in both simulating and real environment, is introducing and demonstrating a skill. Demonstration helps to clarify the verbal introduction. Demonstration is also important when a skill is relatively complex, for example, the skill of IUD insertion.
Almost all skills can be demonstrated, although some skills (e.g. decision making, communication) are more difficult to demonstrate than others.

(Refer to Annexes – Part 1 – Demonstrate A Skill)

Introduce the skill:

It is essential that the trainer introduce it and provide an overview of it, when introducing a skill describe:

- What the skill is,
- Why the skill is important,
- When it should be used,
- The objectives of demonstration, and
- The steps involved in performing the skill.

Trainer / coach need to assess to what degree trainees understood the information in introduction. He /she can find this out by asking open-ended questions. This two-way communication will also help establish a dialogue between trainees and their coach/trainer.

Demonstrate the skill:

The trainer/coach should make sure that everyone (trainees) is able to see what he/she is going to do.
Ways to demonstrate a skill:

- Show slides, or videotapes in which the steps and their sequence are demonstrated in accordance with performance standards.
- A role-play in which a trainee simulate a patient and responds much as a real patient.
- Use anatomic models fro demonstration.
- Demonstration with real patients.

The trainer should demonstrate the procedure in a realistic manner as possible, using variety of methods, and using actual equipment and materials.

Demonstration of a complex skill or a procedure that involves a number of skills, use the "**whole – part – whole**" approach:

- Demonstrate the whole procedure from the beginning to end to introduce trainees to entire procedure,
- Isolate or break down the procedure or activity into parts (e.g. pre intervention counseling, getting patient ready, performing the procedure, ..etc) and allow practice of the individual parts of the procedure, and
- Demonstrate the procedure again and allow trainees to practice it from beginning to end.

***To make demonstration more effective*:**

- **Always demonstrate the skill correctly**, the trainer/coach should perform the steps of the skill in the proper sequence and according to performance standards.
- **Interact with trainees**, It is not enough to perform the skill correctly and visibly, trainer should **explain** what he/she is doing and emphasize the important points, take enough time so that trainees can observe and understand each step, then **ask questions** to trainees to keep them involved.
- **Use equipment and material correctly** and make sure that trainees see clearly how they are used,
- **Use a training tool for complicated skills,** during demonstration trainees should refer to a competency –based training tool such as learning guide, decision tree, flowchart etc.

Summarize the demonstration: discuss the demonstration and ask the trainees if they have any questions, briefly review the training tool (checklist), ask questions to assess their understanding of the skill.

II. Coaching (facilitation of skill practice & feedback)

The most important step is practicing a skill under supervision of trainer (coach), it ensures that trainees really master the targeted skills and are able to perform them. Trainers need to use different training methods for different types of skills. A variety of training methods can be incorporated into practice session in both the simulated and real environment to prepare trainees for additional practice with patients. Followings are some examples of methods that can be used to practice:

- **Role-plays**. Useful fro practicing communication skills and exploring underlying values and attitudes of both trainees and patients.
- **Simulations**. Depending on the skill to be practiced, simulations can involve real people, anatomic models. (e.g. IUD insertion, giving injection)
- **Case studies**. They can be used to practice clinical decision making, or to present and solve problems related to management of health services.
- **Projects**. The trainer ask a trainee or a group to attempt a specific task, (e.g. finding out what local myths there are about family planning methods) , this method useful to build critical thinking skills.
- **Work with real patients**. Skills that trainees have practiced and in which they feel confident, can be done with real patients so the trainees can experience how their skills apply to real life situations.

During the practice and feedback session, a great deal of two-way communication should occur between the coach/trainer and trainees. This two-way communication involves the use of feedback, active listening, questioning, and problem-solving skills to reinforce the development of skills within a positive learning climate.

Feedback:

Practice does not make perfect unless it is combined with feedback. **Feedback is information given to trainee about the quality of their performance**. It is essential throughout training and particularly during and after practicing skills. If given correctly, feedback will function as reinforcement.
To be effective as reinforcement, feedback must be specific, positive, constructive, and nonjudgmental.

The critical aspects of feedback are, **who** can give it, **what** behaviors should be reinforced or corrected and **how** they should be reinforced.

Use positive to tell trainees what they are doing well. This gives them a clear idea of which correct behaviors they were demonstrating. Positive feedback is often easy to give and can be provided in the presence of the patient.

Use constructive feedback to tell trainees how to improve their performance. It must be clear to trainees how they can correct their inappropriate or incorrect behavior / steps. It should not overwhelm trainees by suggesting too many expected changes at one time. Constructive feedback is difficult to give when a patient is present.

Observing trainees as they practice and providing feedback encourage them to learn in a way that maintains and enhances their confidence and self-esteem.

Guidelines for giving feedback:

- Be timely. Give feedback soon after the event/ activity/ procedure.
- Convey positive feedback by facial expressions and tone of voice rather than words.
- Avoid embarrassment.
- Be Specific.
- Don't criticize.
- Be encouraging.
- Give opportunity to trainees to respond to the feedback.

Active Listening:

Active listening is a communication technique that helps to stimulate open and frank exploration of ideas and feelings and establish trust with trainees. It is important to accept what is being said without making any value judgment, clarify the ideas or feelings being expressed and reflect those back to trainees. So:

- Stop talking and listen to trainee/s,
- Restart the trainee's exact words,
- Paraphrase in your own words what trainee/s said.
- Understand and reflect the trainee's underlying feelings.

Questioning:

Questioning is used to assess trainee's knowledge and to develop their problem solving skills. Two types of questions can be used either closed or open questions.

Examples of questions:

- Factual questions, begin with what, where, or when, that obtain information and begin discussion.

- Broadening questions, that assess additional knowledge
- Justifying questions that challenge ideas and assess depth of knowledge and understanding.
- Hypothetical questions, that helps develop critical thinking skills.
- Alternative questions that assess decision-making skills.
- Checking questions that assess understanding.

Protect Patient's Rights during Clinical Practice

Recognizing and maintaining the rights of patients is essential. Consider patients' rights to privacy and confidentiality at all times during clinical practice. The following practices will help ensure that patients' rights are protected:

Inform the patient of the role of each person involved (e.g. teachers, students, clinical instructors, support staff, researchers) and make sure that a licensed provider is always present.

Obtain the patient's permission before having students observe, assist with, or perform any procedures. It is important that patients understand that they have the right to refuse care from a trainee. Furthermore, do not reschedule or deny care if the patient does not permit a student to be present or provide services. In such cases, a staff member should perform the procedure.

Respect the right to bodily privacy whenever a patient is undergoing a physical examination or procedure.

Strictly observe the confidentiality of any patient information obtained during counseling, history taking, physical examinations, or procedures. Reassure patients of this confidentiality. Conduct discussions in a private area where other staff and patients cannot overhear, and do not refer to the patient by name. This is a special challenge during rounds in the inpatient ward.

Remember: Coaching

Coaching is an essential skill for trainers who work with reproductive health issues. It is both an approach to training and a specific activity that is carried out by trainers. Coaching consists of using a combination of active listening, questioning, positive feedback and problem-solving techniques to help learners develop new clinical skills. Through coaching, knowledge is transferred from the trainer to the learner in a manner that builds learners' self-esteem, as well as their skill set.

Transfer of information takes place in three phases of coaching. In the first phase, the clinical trainer performs the skill while the learner observes the demonstration. During the second phase, the learner practices the skill while the trainer provides supervision and support. In the final phase, the trainer evaluates the level of competency with which the learner can perform the skill. By taking a three-phase approach to learning, the coaching process ensures that participants can perform new skills with a high level of competency.

The coaching process: Three phases

Table 4-2

	Demonstration	**Practice**	**Evaluation**
Trainer	Explains and demonstrates the skill	Coaches and supervises the learner	Assesses the learners level of competency
Trainee	Observes the demonstration	Practices skill on models and performs skill on clients	Performs skill according to standardized procedure

Uses of coaching:

- Provide learners with an explanation and demonstration of skills to be learned
- Transfer skill set from trainer to trainee
- Teach effective problem-solving skills
- Provide trainees an opportunity to practice new skills while receiving support and feedback
- Convey immediate feedback to learners on their performance of new skills
- Assess learners' level of competency
- Provide positive feedback and suggestions for improvement

5

Skills / Performance Assessment

Skills / Performance Assessment

Health care providers should build and demonstrate competence in essential skills in order to deliver high quality health care services. The process of skill development as mentioned before consists of three steps; 1) demonstration of skills; 2) Observe trainees as they practice the skills and give feedback to help them improve their performance; 3) assess trainees for competency in skill. Steps one & two discussed in previous chapters, below details how to assess skill competency (health provider performance).

Types of assessment:

- Formative assessment: this type corresponds to step two in skill development process, observation of trainees while practicing of skills and giving feedback.
- Summative assessment: this type used to assess the competency in certain skills at the end of training course / session, using tools to ensure that trainees are assessed in an objective and standardized manner.

Methods of skills assessment:

- **Direct observation of students as they perform skills:** it is the most valid way to assess trainees skills, and can be used for both formative and summative assessment, but it is expensive, need time and human resources. Assessment will be done using standardized tool (checklist).

  (Sample checklist -Annexes Part 3)

- **Structured feedback report:** it is a standardized way to give feedback to trainees on their performance during a specific period of time. This method used for assessing a sustained performance rather than just taking a snapshot. The report can cover areas such as demonstrated attitudes, health care delivery skills..etc.

  (Sample feedback report- Annexes Part 2)

- **Logbooks and care plans:** the logbook (also called a case book) contains a list of skills or tasks that trainees should perform, these tasks reflect the learning objectives of the training course or duties of health care providers, the trainees should perform all tasks according to standards of practice/ protocols, then they ask the assessor/ supervisor to check and sign the log book. This tool is used for summative assessment.

  (Sample log book – Annexes Part 2)

- **Care plans** are used to document the patient's problems, care required, expected outcomes. Trainees can use it to demonstrate their understanding of and ability to explain management required for a specific problem, assessor/ supervisor can use it to assess their ability to select appropriate interventions and expected outcomes for different problems presented.

Checklists

Direct observation is the most valid method for assessing skills, however, because of reliability of direct observation may be low or inconsistent due to assessor/ supervisor bias, a tool is required for standardized assessment. It is essential that the trainees have access to and be familiar with this tool that will be used to assess their performance/skills.

Definition: it is a list of steps needed to perform a skill correctly, given in a correct sequence.

- Each step must be clearly defined to make the tool easy to use.
- Well-constructed checklist should contain only sufficient details to help the assessor evaluate and record trainee's performance.
- The assessor/supervisor must indicate if each step was performed or not, and may also have to indicate the quality of performance.

Rating systems: there are several options for rating, to be used within checklist,

- Yes/No rating system: which is equivalent to (pass/fail – satisfactory/ unsatisfactory). This is the simplest method for measurement, but does not provide any information on the quality of performance
- Multi-level rating system: this type addresses the quality of the performance, and is a helpful tool for providing feedback, the levels could be like (not performed –needs improvement – competently performed OR poor – fair – good)

Conduct skill assessment by direct observation

The assessor should remember the followings when conducting skill assessment by direct observation:

Before the skill assessment:

- Discuss the previous practice session with trainee, ask if he/she has any questions about the skill and is ready to be assessed.

- Review the assessment tool (checklist) and rating system with the trainee, provide an opportunity for reviewing the steps.

During the skill assessment:

- Stand to the side or somewhere else where assessor can see, without intruding and left the trainee perform the skill.
- Do not interfere or interpret the trainee unless he/ she is about to make a mistake that may endanger or hurt the patient.
- Provide only essential feedback while the trainee is performing the skill.

After skill assessment:

- Review the skill with the trainee and ask to share feelings about what he/ she did well during the session and what could be improved.
- Provide positive feedback and offer suggestions for improvement
- Determine if the trainee is competent or needs additional practice, based on predetermined criteria.

Evaluation of clinical training program / course

There are four main types of evaluation; these are the evaluation of the process, final outcomes, effectiveness and impact.

- **Process:** refers to the methods of training, tools/ material used and how trainers and trainees respond to those methods and materials.
- **Outcomes:** refers to final results of the training course particularly with regards to trainee's knowledge, skills and attitudes.
- **Effectiveness:** refers to ability of trainees to apply knowledge, skills and attitudes to their work place after end of the training course.
- **Impact:** concentrates on improvements in the health status of a population that may be related to changes in the quality of services provided by the trained providers.

(Refer to Annexes - Part 1 – Samples 1 & 2 Feedback Report)

6

On-the-Job Training

On-the-Job Training

On-the-job training (also referred to as site-based or clinic-based training) is a form of individualized training and allows the individual requiring training to receive the necessary knowledge and to develop the required skills on the job. A review of the literature indicates that OJT can be designed and delivered using two basic approaches. Those OJT programs with little or no prior planning which pair a worker to be trained with an experienced worker are referred to as unstructured, informal or unplanned OJT experiences. Those programs built on organized process are known as structured, formal or planned OJT experiences.

Un-structured:

- Unplanned OJT defined as training which occurs on the work site but is not logically sequenced. In unplanned OJT, the learners are expected to learn by watching experienced workers perform or by actually doing the work themselves.
- Unstructured OJT occurs when trainees acquire job knowledge and skills from explanations or demonstrations by others, trial and error efforts, self-motivated reading, or simply by imitating the behavior of others. In medical training this is often referred to as “See One-Don One-Teach One”.

There are a number of problems with unstructured OJT, these include:

1- The desired skill level is rarely achieved (i.e. lack of measurable standards)

2- The training content is often inaccurate or incomplete.

3- Experienced employees are seldom able to communicate what they know in a way that others can understand.

4- Experienced employees use different methods each time they conduct training (i.e. lack of a standardized training approach)

5- Many employees fear that sharing their knowledge and skills will reduce their own status as experts.

Unstructured OJT leads to increased error rates, lower productivity and decreased training efficiency.

Structured:

1- Planned on-the-job training defined as:

> Planned instruction occurring on the job and during the work, centered around what workers need to know or do to perform competently.

2- In structured OJT, the training content, methods and outcomes are consistent for all employees. This requires a standardized approach not only to specific knowledge and skills, but to the delivery of on-the-job training as well.

Characteristics of structured OJT

The ultimate success of structured OJT depends on the organization's commitment to improving training quality. A successful OJT program is one that is used in appropriate situations and ensures that OJT trainers have the appropriate technical competence and extensive work experience. They also feel that OJT trainers should have organizational support and receive training to be an OJT trainer. The successful OJT program is one that is based on an effective training model.

- OJT should be used in appropriate situations. On-the-job training is not meant to be a substitute for group-based training.
- OJT clinical trainers must be experienced, proficient service providers with an interest in training other service providers.
- OJT clinical trainers must have their clinical skills standardized and their FP knowledge updated, and they must receive training in how to be an OJT trainer.
- OJT clinical trainers must have the support of staff at the training site as well as the support of regional-and national-level training experts.

Elements that should be built into a formal or structured OJT program are performance objectives, a schedule, assignment to a qualified employee for training and a performance checklist that must be signed off as each objective is met. Effective OJT training should:

- **Be structured**, meaning that OJT materials, training guides and performance checklists have been prepared and that the trainers have been trained.
- **Be timely**

- **Include development** of training schedules and afford trainers adequate preparation time.
- **Be consistent**
- **Ask evaluation questions**

OJT trainers should be sensitive to the needs of the trainees and content and time requirements, able to change instructional strategies as required by the trainee and able to coach trainees until they can perform the tasks successfully.

There are four major suggestions for improving on-the-job training:

- Develop performance-based training objectives that describe what participants will be able to do after training.
- Use brief performance checklists that are accurate, uniform and well-organized.
- Teach the individuals responsible for training about how people learn and how to facilitate learning.
- Verify learning with checklists after training.

Types of materials required for an effective, structured OJT program include:

1- A student training manual or guide which describes the responsibilities of all participants in the OJT process, lists the tasks to be learned, provides organization for the learning process and contains reference information and job procedures.

2- A trainer's manual which contains essentially the same information as the student's, with the addition of the standardized evaluation instruments for each skill.

3- The training aids necessary for the learning process.

Table 6-1:

Advantages and Limitations of OJT

Advantages	Disadvantages
Participants can be trained immediately without waiting for a scheduled course.	There is limited interaction compared to group-based training.
Clinic personnel control training quality.	There may be a tendency to revert to “see one, do one, teach one” instead of following the steps in the OJT program.
Training can be designed to meet local needs.	Maintaining quality of training at a national level can be difficult.
It is easier to obtain a sufficient client caseload to ensure adequate clinic experience.	Limited reading abilities of the participants may create problems since there is less interaction with the trainer.
The problem of inappropriate trainee selection (e.g. political decision, lack of interest in training) is avoided.	In the early phases of training when participant skills are weak, there may be a tendency to practice skills with clients in the clinic instead of with anatomic models.
Once installed, OJT may be more sustainable than traditional group-based training.	Training needs of the OJT trainers must be met.
OJT is more cost-effective than traditional group-based training.	It may not be cost-effective at sites where there is limited turnover of staff.
OJT is most effective at sites where there is staff turnover or where large numbers of clinicians require	

Selecting and Training OJT Trainers

One of the characteristics of unstructured on-the-job training is that trainers typically are not prepared to be trainers. Training of the OJT trainer is the key to successful implementation. This training builds training skills, ensures commitment to the program and helps trainers learn to use the training materials. The program should contain high-impact exercises to change trainer behavior from telling to coaching, from demonstrating skills for trainees to performing them with them.

Eight qualities to look for when selecting an OJT trainer. These include:

1- Task knowledge and skills – ability to perform the work behaviors at appropriate performance levels.

2- Specialized training – completion of specialized training in the area that will be the basis of the OJT program.

3- Willingness to share their expertise – interest in the development of others.

4- Respect from peers – perception by other employees that the trainer has task expertise, leadership abilities and general problem-solving skills.

5- Interpersonal skills – ability to communicate clearly and comprehensively.

6- Literacy skills – ability to comprehend resource materials.

7- Concern for the organization – showing an interest in helping the organization improve its performance.

8- Job expectations – awareness of job expectations and assignments and how these will affect their ability to perform as an OJT trainer.

The OJT clinical trainer must be able to:

1- Demonstrate an understanding of the competency-based approach to clinical training.

2- Create a positive OJT training climate

3- Use interactive OJT training techniques

4- Use competency-based learning guides and checklists

5- Demonstrate clinical skills during role plays with models as well as with clients

6- Coach in a clinical setting

7- Assess clinical skills and determine if a service provider is qualified to provide a FP service.

Implementing an OJT Program

There are a number of factors to consider in developing and implementing an on-the-job training program.

1- Analyze current conditions and then ensure OJT clinical facilities are adequate to support training.

2- Ensure the environment within the training site is one that encourages service providers to be mentored as they participate in the OJT program.

3- Ensure that there is a demand for on-the-job training by the service providers at the training site.

4- Develop a system to ensure that trainers and service providers in training are supervised by a qualified supervisor either from within the training site or by an outside regional or provincial supervisor. This is one of the most critical factors in successfully implementing an OJT program. The specifics of this system will differ depending on the situation and must be taken into consideration during the design of the OJT program.

5- Train supervisors and trainers to use the OJT training materials.

6- Develop a plan for qualifying those service providers successfully completing the OJT program. The qualification criteria are the same as for the traditional group-based training course. (e.g. score at least 85% on the midcourse questionnaire, perform clinical skills according to the competency-based checklists, provide services to clients appropriately)

Evaluating OJT

Evaluation of OJT should focus on both process and impact.

Evaluation of job skills is critical to a training program's credibility. In structured OJT the evaluation or assessment of job skills either does not exist or is done through informal observations only. A job performance measure (JPM) which is used to document task knowledge and performance during on-the-job training. Components of a typical JPM include the following:

- Precautions and warnings relative to the skill being performed.
- List of tools and equipment needed to perform the task or skill
- Procedure for task completion (e.g. list of the steps to be performed)
- Standards for performance of steps (i.e. criteria or standards to which steps/tasks must be performed)

- Knowledge-based questions (e.g. a knowledge-based test covering the training content)
- Spaces for administrative information such as trainee’s name, date and trainer’s name.

7

Modules for OJT

Skills Required for FP/ RH Service Provider: (Physician)

Module 1	▪ **Counsel patient (General & Methods Specific)**
Module 2	▪ **Take complete medical history**
Module 3	▪ **Perform physical examination (General & Breast & Pelvic)**
Module 4	▪ **Interpret diagnostic tests**
Module 5	▪ **Prescribe treatment**
Module 6	▪ **Insert / remove IUD**
Module 7	▪ **Insert / remove Implanon**
Module 8	▪ **Remove Norplant**
Module 9	▪ **Refer patient**
Module 10	▪ **Keep accurate records**
Module 11	▪ **Manage equipment & supplies and Family planning methods!!!!**

Annexes

Part 1

Performance Assessment Tools

Checklist for Clinical Demonstration and Coaching Skills

Place a ☑ in case box if step/task is performed **satisfactorily**, and ☒ if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Does not perform the step or task according to the standard procedure or guidelines

Not Observed: Step or task not performed by participant during evaluation by trainer

PARTICIPANT_____**Date Observed**_____

CHECKLIST FOR CLINICAL DEMONSTRATION AND COACHING SKILLS					
STEP/TASK	**CASES**				
1. Uses trainer's notes or a personalized reference manual.					
2. States the objective (s) as part of the introduction.					
3. Presents an effective introduction.					
4. Arranges demonstration area so that participants are able to see each step in the procedure clearly.					
5. Never demonstrates an incorrect procedure or shortcut.					
6. Communicates with the model or client during demonstration of the skill/activity.					
7. Asks questions and encourage participants to ask questions.					
8. Demonstrates or stimulates appropriate infection prevention processes.					
9. When using model, positions model as an actual client.					
10. Maintains eye contact with participants as much as possible.					
11. Projects voice so that all participants can hear.					
12. Provides participants opportunities to practice the skill/activity under direct supervision.					
13. Observes the participant as s/he practices the procedure.					

14. Provides positive reinforcement and suggestions for improvement as the participant practices the procedure.					
15. Uses a competency-based checklist when evaluating participants.					
16. Meets with participants following the demonstration/coaching sessions to provide positive feedback and suggestions for improvement.					

PARTICIPANT IS _____**QUALIFIED**____**NOT QUALIFIED** TO GIVE CLINICAL DEMONSTRATIONS AND COACH

Trainer's Signature_____**Date**_____

DEMONSTRATE A SKILL (Checklist)

The purpose of this exercise is to help you practice your demonstration skills. You will plan a skill demonstration for your trainees and will arrange for your facilitator to observe your demonstration. Review this checklist and check (✓) each step as it is completed.

- ❑ Identify the skill to be presented. Your skill: _____
- ❑ Review or develop the objectives of the demonstration. The objectives:

  _____

  _____

- ❑ Review the steps of the skill to be demonstrated. These steps may be found in a performance checklist, textbook, reference manual, and articles.
- ❑ Develop an introduction for your demonstration. Note that the introduction should include the objectives. Record ideas for your introduction here:

_____

_____

_____

_____

- ❑ Prepare your notes to guide your demonstration. These notes may include key points to present, questions, reminders about patient safety, reminders to use a visual aid, etc. These notes may be recorded on the checklist, paper, or flipchart.
- ❑ Plan for one or more of the trainees to repeat the demonstration (if appropriate)
- ❑ Develop a summary for your demonstration. The summary should be interactive and should include questions focusing on key points in your demonstration. Record ideas for your summary here:

  _____

  _____

  _____

  _____

- ❑ Demonstrate the skills to your trainees while your facilitator observes and records your demonstration, if possible.

EXERCISE 1: PLAN FOR CLINICAL PRACTICE (Checklist)

The purpose of this exercise is to help you prepare a clinical site for trainee practice. Practical trainer should select clinical sites where trainees can get practical experience. Review this checklist and check (✓) each step as it is completed. Note that in order to complete this exercise, you will need to visit the clinical practice sites and meet with the clinical staff and instructors.

- ❑ A room or area has been arranged where you can meet with the trainees before and after clinical practice sessions.
- ❑ All of the supplies and equipment of the trainees will need for practice are available at the site. If not, the trainees will bring some of the required items.
- ❑ Logistics regarding the times the trainees will be working at the clinical practice sites have been arranged and discussed with the sites' staff and administration.
- ❑ The times and days arranged for the trainees to visit are times that will provide the best exposure to a variety of patients. If not, work with the sites to try to arrange for an alternative time for them to visit.

In addition to existing sites, are there other facilities that may serve as clinical practice sites for trainees? If there are other sites that may also provide experiences for trainees, visit these sites and assess the following:

- ❑ The site staff provides clinical services in a manner consistent with what you are teaching.
- ❑ Staff are willing to work with trainees.
- ❑ The clinic administration is willing to support practice at their facility.
- ❑ There is enough space for trainees.
- ❑ There is sufficient patient caseload.
- ❑ The trainees will be able to find transport to the site (i.e. it is accessible)
- ❑ Describe any additional plans for clinical practice:

_____

_____

_____

Example of Logbook Items for a Family Planning Course

TASK	NUMBER (MINIMUM)	DATE(S) COMPLETED	SIGNATURE(S) OF CLINICAL INSTRUCTOR, STAFF MEMBER, OR TEACHER
Counsel and provide condoms	05		
Counsel and provide oral contraceptives	03		
Counsel and provide Depo-Provera	10		
Counsel for use of IUD as contraceptive method	10		
Counsel for side effects and refer as appropriate	03		
Counsel about long-term methods	03		

N.B.: The numbers mentioned above are examples.

Sample 1: Feedback Report

Trainee's Name: _____

Please circle the description that best represents the trainee's performance in each area

Clinical knowledge	Lacking	Needs improvement	Demonstrates basic knowledge	Applies knowledge to cases	Applies knowledge consistently
History taking	Inaccurate	Inconsistent, misses major points	Complete and accurate	Complete, quickly asks for important information	Comprehensive, looks at related findings
Physical exam	Major mistakes	Inconsistent	Complete but slow	Thorough and efficient	Comprehensive, examines related areas
Data presentation (written and verbal)	Confusing and vague	Misses important data	Identifies problems and prioritizes them	Understands problem and demonstrates integration of data	Integrates data and includes additional data
Care plan	Poorly created and confusing	Appropriate but incomplete	Implements clinical instructor's instructions, partial understanding	Care plan is complete and clear	Care plan is comprehensive and is implemented efficiently and adapted appropriately
Patient education and counseling	Doesn't provide	Minimal or confusing	Provides basic education, minimal counseling	Provides education and counseling, checks patient understanding	Involves family in education and counseling, documents education provided
Interpersonal skills	Confrontational or judgmental	Polite	Communicates clearly, listens well	Communicates caring and concern, puts others at ease	Excellent, handles difficult situations calmly
Professionalism	Uncooperative	Inconsistent	Cooperative and responsible, not late or untidy	Takes initiative to be involved and presents self well	Demonstrates leadership, earns respect
Attitude toward learning	Negative	Disinterested	Interested	Asks good questions, demonstrates extra effort	Learns independently, contributes to improving learning experience for others

What are this trainee's strengths?

Were there any particular areas in which the trainee could improve? Please explain.

Did you review this assessment with the trainee? YES NO

Trainer's name:_____Signature:_____Date:_____

Sample 2: Feedback Report for General Clinical Practice

Trainee:_____

Please rate this trainee in the following areas using the rating scale below. Add any additional comments you feel will contribute to the assessment of this trainee.

Please circle the description that best represents the trainee's performance in each area.

Attendance	1. Zero attendance	2. Sporadic attendance	3. Occasional unexplained absence	4. Attends all sessions	- Not observed or applicable
Relationship with patients	1. Causes concern by being discourteous and/or not empathetic with patients.	2. Fair rapport. Occasionally discourteous if patient is hostile.	3. Generally good rapport with patients but may be erratic.	4. Widely recognized as being courteous and empathetic.	- Not observed or applicable
Interest and motivation	1. Poor self-motivation. Has to be prompted to participate in activities. Some-times refuses to participate.	2. Frequently needs prompting to participate. Demonstrates variable level of interest.	3. Always participate. Asks spontaneous questions.	4. Highly self-motivated. Mature approach to activities. Makes specific requests.	- Not observed or applicable
Reliability	1. Poor reliability. Work not well done or incomplete. Often absent/late for duties.	2. Occasionally forgetful.	2. Usually reliable. Work always done. Always present and prompt.	3. Always reliable. Takes initiative for routine matters.	- Not observed or applicable
Clinical skills	1. Unable to demonstrate basic procedures appropriate for this stage of study.	2. Minimal level of basic skill. Needs work on procedures. Little progress.	3. Satisfactory basic skill appropriate to stage of study. Steady improvement.	4. Demonstrates competency in basic skills. Performs in advance of stage of study.	- Not observed or applicable
Dress code/appearance	1. Appearance my cause offence to patients.	2. Dress/ appearance may be inappropriate, unkempt or immodest.	3. Generally conforms to standard buy may be untidy.	4. Appearance appropriate. Conforms with professional image.	- Not observed or applicable

Dates: _____

Clinical trainer: _____

Part 2

Job Aids

Intrauterine Devices
(Copper 380A IUDs)
IUD Insertion

Step 1 :

Take :

A complete client history Using the approved medical record, Specific inquiry will include eligibility criteria.

Step 2 :

Explain

Procedure, advantages, disadvantages, possible side effects and obtain consent.

Step 3 :

Perform

Physical examination with emphasis on the following:

- signs of anemia (pallor of mucous membranes) and confirm with Hb or Ht if available.
- Abdominal examination

  Pelvic tenderness

  Masses and gross abnormalities
- Bimanual examination

  Size, shape and position of uterus

  Signs of pregnancy

  Signs of PID
- Speculum examination

  Observe the cervix for purulent discharge, erosions, growths, stenosis, or other abnormalities (including RTIs, cervical cancer, etc.)

Step 4 :

Encourage

client to empty the bladder and assume dorsal position

Step 5 :

Use

a pair of clean disinfected gloves (disposable).

Step 6 :

Perform

bimanual examination and confirm size, shape and position of uterus

Step 7 :

Conduct

a speculum examination and assess cervix.

Step 8 :

Clean

cervix thoroughly with antiseptic solution, i.e., Betadine.

Step 9:

Grasp

cervix with tenaculum

Step 10:

Sound

uterus to confirm size and position without touching the vaginal wall or specula with the sound.

Step 11:

Load

IUD while in sterile package and adjust the collar for a distance 0.5 cm less than that determined by sound.

Step 12:

Grasp

tenaculum and gently insert IUD through cervix into uterus

Step 13:

Hold

the plunger stationary, withdraw inserter tube until it touches white rod thumb grip

Step 14:

Hold

tenaculum stationary**, <u>again</u>** push the inserter tube upwards to the fundus of the uterus until a slight resistance is felt

Step 15:

Remove

plunger V Remove inserter tube.

Step 16:

Cut

string 3-4 cm from cervical os.

Step 17:

Instruct

client how to check for strings.

Step 18:

Invite

and answer questions.

Step 19:

Give

final instructions including warning signs

Step 20:

Instruct

regarding follow-up visits.

IUD Removal Technique

Step 1 : **Discuss** the removal with the client and obtain consent.

Step 2 : **Perform** a bimanual examination.

Step 3 : **Determine** direction of the uterus and cervix.

Step 4 : **Perform** a speculum examination.

Step 5 : **View** cervix and locate IUD string.

Step 6 : **Grasp** the anterior lip of the cervix with a volsellum.

Step 7 : **Grasp** string with Kocher or artery forceps.

Step 8 : **Pull** string steadily and gently with forceps, steady the cervix with the volsellum until IUD is removed.

Step 9: **Record** in the medical record: a. The type of IUD removed. b. Reason for removal c. Problems encountered in the process

Step 10: **Refer** client if problems are encountered.

Implanon Insertion Technique

Implanon® should not be inserted or removed except by a physician trained in these procedures.

Step 1 :

Take

client's history using an appropriate medical record.

Step 2 :

Perform

physical examination, recording:

Blood pressure ,Weight , Breast examination , Observation for jaundice.

Other elements of the physical assessment, including a vaginal examination, may be carried out as part of health screening measures, but are not required before the use of Implanon®.
No routine laboratory work is required except as indicated for specific health problems

Step 3 :

Ask

The client to lie on her back with the non-dominant arm turned outwards and the elbow flexed.

Step 4 :

Ensure

that the necessary instruments and equipment needed for insertion are ready.

Step 5 :

Wash

your hands and wear a pair of sterile gloves

Step 6 :

Clean

the insertion site with a disinfectant, such as Betadine

Step 7 :

Use

Local Anesthetic at the insertion site with an anesthetic spray or by injecting 2 ml of 1% lidocaine under the skin along the insertion channel.

Step 8 :

Open

the sealed envelop (An assistant should do this), so you can remove the sterile disposable applicator carrying the Implanon®.

Step 9 :

Keep

the needle and the capsule sterile and change them if contamination occurs.

Step 10 :

Hold

the applicator with the needle pointing up until insertion, so as to prevent the Implanon® capsule from dropping out of the needle, and be sure that the capsule is inside the metal canula. If it protrudes, return it inside by tapping against the plastic part of the canula.

Step 11:

Stretch

the skin at the insertion site (the medial side of the upper arm at the sulcus between the biceps and the triceps muscle, 6-8 cm above the elbow).

Step 12:

Remove

the plastic cover and introduce the needle (bevel up) directly under the skin as superficially as possible, lifting the skin while advancing the tip of the needle.

Step 13:

Break

the seal of the applicator by pressing on the obturator support.

Step 14:

Rotate

the obturator 90 degrees in relation to the canula and fix it against the arm with your right hand

Step 15:

pull

(with your left hand) slowly the canula out of the arm with the obturator immobilized in its place and support capsule with finger,

Step 16:

Palpate

the skin to check that the capsule had been inserted.

Step 17:

Apply

sterile gauze and a pressure bandage to reduce the risk of bruising

Step 18:

Instruct

the client to remove the bandage the next day; she can wash then

Implanon® removal technique

Step 1 :

Ask

The client to lie on her back with the arm in which Implanon® has been inserted turned outwards and the elbow flexed.

Step 2 :

Ensure

that the necessary instruments and equipment needed for removal are ready.

Step 3 :

Wash

your hands and wear a pair of sterile gloves.

Step 4 :

Clean

the area with a suitable antiseptic, e.g., Betadine.

Step 5 :

Locate

the capsule and anaesthetize the proposed site of the incision (just below the distal end of the capsule) with 0.5-1 ml of 1% lidocaine.

Step 6 :

Apply

the anesthetic under the capsule so that the skin will not swell causing difficulty in locating the capsule.

Step 7 :

Touch

the proposed site for insertion with the tip of the scalpel to ensure that the anesthesia has worked.

Step 8 :

Make

a longitudinal incision 2 mm long at the distal end of the capsule.

Step 9:

Push

the capsule gently towards the incision until its tip becomes visible.

Step 10:

Grasp

the capsule with a mosquito forceps and pull it out.
Note: If the Implanon® capsule is encapsulated and its tip will not appear, incise the tissue on its tip with a scalpel and then grasp the tip of the capsule and pull it. If the tip of the Implanon® capsule is not visible, gently insert a forceps into the incision and grasp the capsule. With a second forceps or a scalpel, dissect the tissues around the capsule, grasp its tip and pull it.

Step 11:

Close

the incision with a butterfly closure or an aid-band. *Sutures are not necessary.*

Step 12:

Apply

sterile gauze and a pressure bandage to reduce the risk of bruising.

Step 13:

Instruct

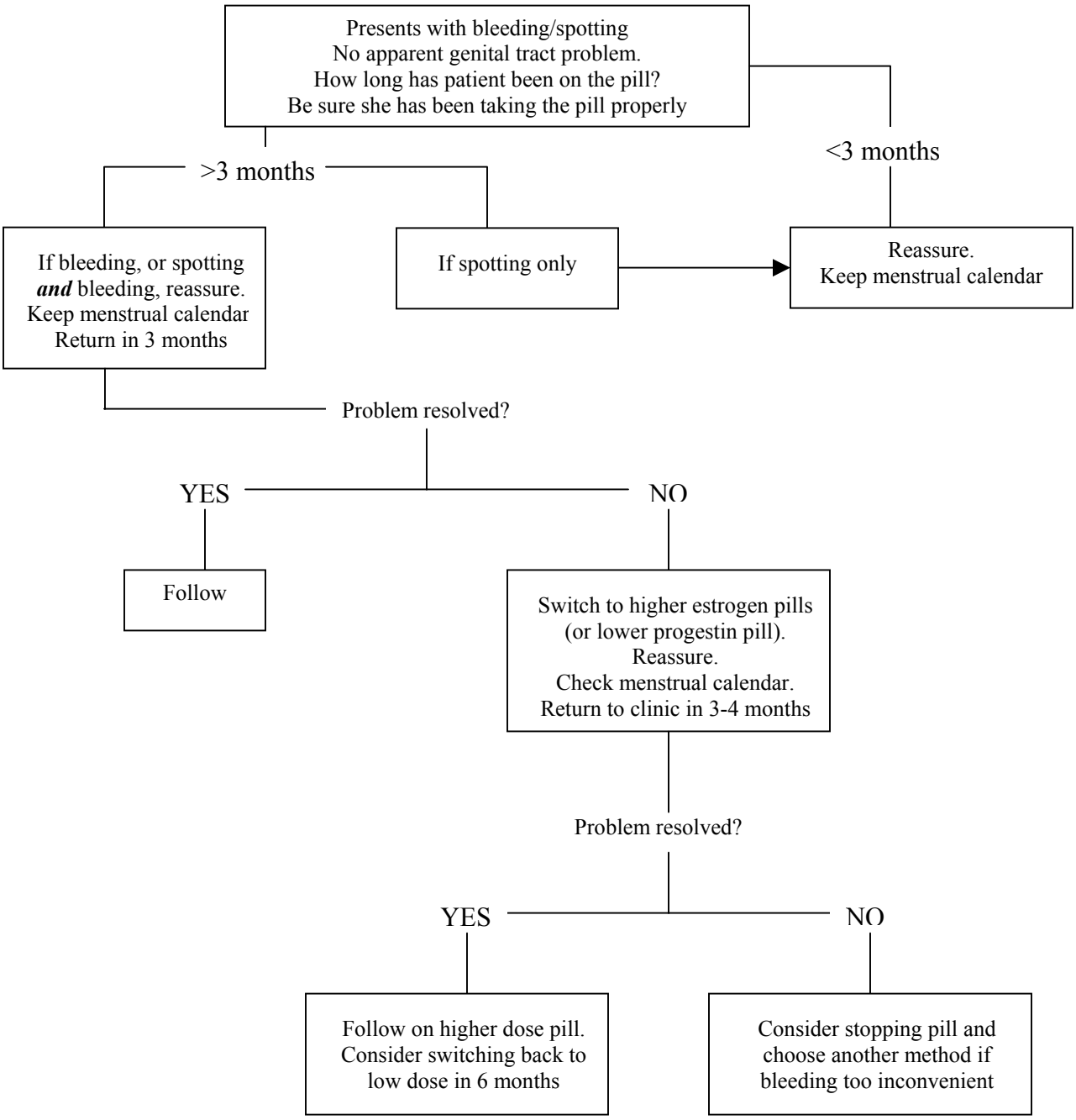
the woman to remove the pressure bandage the next day and to uncover the wound after two days; she can wash then.

Step 14:

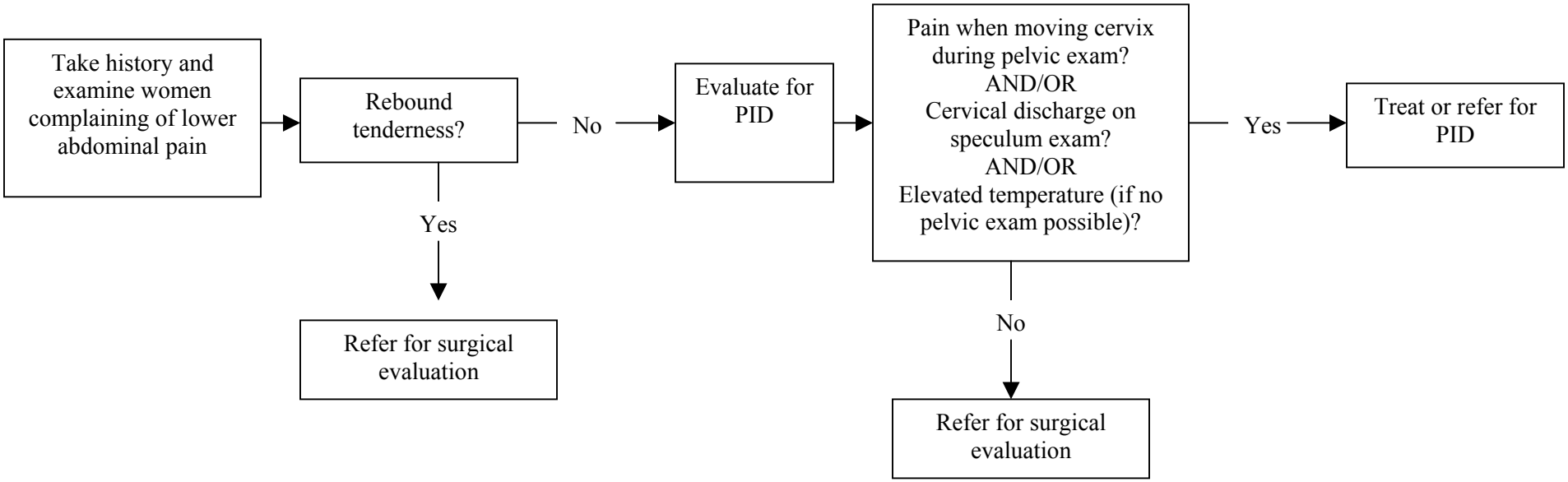
Watch

the woman for five minutes before she leaves the clinic.

Example of a Learning Tool Flowchart
Management of Bleeding/Spotting for Combined Oral Contraceptives



Management of Abdominal Pain



Part 3

Checklist for Breast Examination

Place a ☐ in case box if step/task is performed **satisfactorily**, and ☐ if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step or task or skill not performed by participant during evaluation by clinical trainer

PARTICIPANT_____**Date Observed**_____

CHECKLIST FOR BREAST EXAMINATION					
STEP/TASK	**CASES**				
GETTING READY					
1. Greet the woman respectfully and with kindness	X	X	X	X	X
2. Tell the woman you are going to examine her breasts	X	X	X	X	X
3. Ask the woman to undress from her waist up. Have her sit on the examining table with her arms at her sides	X	X	X	X	X
4. Wash hands thoroughly and dry them. If necessary, put on new examination or high-level disinfected surgical gloves on both hands.	X	X	X	X	X
BREAST EXAMINATION					
1. Look at the breasts and note any differences in: ❑ Shape ❑ Size ❑ Nipple or skin puckering ❑ Dimpling Check for swelling, increased warmth or tenderness in either breast.	X	X	X	X	X
2. Look at the nipples and note size, shape and direction in which they point. Check for rashes or sores and nipple discharge.	X	X	X	X	X
3. Look at breasts while woman has hands over her head and presses her hands on her hips. Check to see if breast hand evenly.	X	X	X	X	X

4. Have her lie down on the examining table.	X	X	X	X	X
5. Look at the left breast and note any differences from the right breast.	X	X	X	X	X
6. Place pillow under woman's left shoulder and place her arm over her head.	X	X	X	X	X
7. Palpate the entire breast using the spiral technique. Note any lumps or tenderness.	X	X	X	X	X
8. Squeeze the nipple gently and note any discharge.	X	X	X	X	X
9. Repeat these steps for the right breast. If necessary, repeat this procedure with the woman sitting up and with her arms at her sides.	X	X	X	X	X
10. Have the woman sit up and raise her arm. Palpate the tail of the breast and check for enlarged lymph nodes or tenderness.	X	X	X	X	X
11. Repeat this procedure for the right side.	X	X	X	X	X
12. After completing the examination, have woman cover herself. Explain any abnormal findings and what needs to be done. If the examination is normal, tell the woman everything is normal and healthy and when she should return for a repeat examination.	X	X	X	X	X
13. Show the woman how to perform a breast self-examination.	X	X	X	X	X

PARTICIPANT IS _____**QUALIFIED**____**NOT QUALIFIED** TO PERFORM BREAST EXAMINATION BASED ON THE FOLLOWING CRITERIA:

- Performance of Breast Examination (practice) :____Satisfactory__Unsatisfactory

Trainer's Signature_____**Date**_____

Checklist for Instruments, Gloves and Equipment Processing

Place a ☑ in case box if step/task is performed **satisfactorily**, and ☒ if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Does not perform the step or task according to the standard procedure or guidelines

Not Observed: Step or task not performed by participant during evaluation by clinical trainer

PARTICIPANT_____**Date Observed**_____

CHECKLIST FOR INSTRUMENTS, GLOVES AND EQUIPMENT PROCESSING					
STEP/TASK	**CASES**				
DECONTAMINATION					
1. Leaves on surgical gloves post-procedure or puts on utility gloves.					
2. Places all instruments in 0.5% chlorine solution for 10 minutes immediately after completing the procedure.					
3. Disposes of waste material in leakproof container or plastic bag.					
4. Decontaminates exam OR table or other surfaces contaminated during the procedure by wiping them with 0.5% chlorine solution.					
5. Removes instruments from chlorine solution after 10 minutes and places them in water.					
6. Cleans instruments immediately (GO TO CLEANING) or continues to soak in water until cleaning can be done.					
7. Removes gloves by turning inside out and submerges in 0.5% chlorine solution for 10 minutes. (If wearing utility gloves, do not remove until instrument cleaning is finished)					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					

CLEANING (Instruments)					
1. Wears utility gloves on both hands and places instruments in a basin with clean water and mild, non-abrasive detergent.					
2. Completely disassembles instruments and/or opens jaws of jointed items.					
3. Washes all instrument surfaces with a brush or cloth until visibly clean (hold instruments under water while cleaning)					
4. Thoroughly cleans serrated edges (e.g. jaws of hemostat) of instruments using small brush.					
5. Washes surgical gloves in soapy water, cleaning inside and out.					
6. Rinses all surfaces thoroughly with clean water.					
7. Towel dries instruments or allows them to air dry.					
8. Hangs surgical gloves up to allows them to air dry, and once first side dry, reverses them to dry completely.					
9. After cleaning all items, removes utility gloves and allows them to air dry.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
STERILIZATION					
AUTOCLAVING (Gravity Displacement)					
1. Double wraps instruments in freshly laundered cloth or paper using envelope or square wrap technique.					
2. Folds up cuffs of surgical gloves, places gauze or paper inside glove and under folded cuff and wraps in cloth or paper.					
3. Places wrapped gloves thumbs up in wire basket on their sides.					
4. Arranges instrument packs on an autoclave cart or shelf and places in autoclave chamber.					
5. Sterilizes wrapped items for 30 minutes. Times with clock at 121°c (250°F) and 106 kPa (15 lbs/in^2)					
6. Waits until pressure gauge reads zero before opening lid or door 14-16 cm (5-6 inches).					
7. Allows packs to dry completely before removal.					
8. Places sterilized packs on a surface padded with paper or fabric to prevent condensation.					
9. Allows packs to reach room temperature before storing.					
10. Records sterilization conditions (time, temperature and pressure) in logbook.					

DRY HEAT (Oven)					
1. Places metal instruments or glass syringes in a metal container; closes aid.					
2. Places covered containers in oven and heats to desired temperature.					
3. Begins timing after desired temperature is reached and maintains temperature for the recommended time.					
4. After cooling, removes containers and stores.					
CHEMICAL					
1. Prepares fresh solution of chemical sterilant or checks to be sure solution is not out of date.					
2. Submerges cleaned and dried items in 2% glutaraldehyde or 8% formaldehyde solution, completely covering all items.					
3. Covers container and soaks for appropriate time (8-10 hours for glutaraldehyde or at least 24 hours for formaldehyde)					
4. Removes items from the chemical solution using sterile gloves or sterile forceps/pickups.					
5. Rinses items thoroughly with **sterile** water to remove **all** traces of chemicals.					
6. Uses the item immediately or places it in a sterile, covered container.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
HIGH-LEVEL DISINFECTION					
BOILING					
1. Completely submerges cleaned instruments and other items in water.					
2. Places lid on boiling pot and brings water to a gentle, rolling boil.					
3. Starts timing when rolling boil begins.					
4. Keeps at rolling boil for 20 minutes.					
5. Removes items with high level disinfected forceps/pickups.					
6. Places in covered, dry high-level disinfected container and air dries.					
STEAMING					
1. Places cleaned instrument, gloves or other item (cannula) into steamer pan.					
2. Stacks steamer pans (maximum of 3 pans) on top of					

pan containing water for boiling. Covers top steamer pan with a lid.					
3. Brings water to a rolling boil and waits for steam to escape from between the top pan and lid. containing water for boiling. Covers top steamer pan with a lid.					
4. Starts timing and steams for 20 minutes.					
5. Removes steamer pans from heat. Gently shakes excess water from items and places on an extra empty bottom pan. Allows to air dry.					
6. Removes items with high-level disinfected forceps/pickups and places in a high-level disinfected, covered container.					
CHMICAL					
1. Prepares fresh solution of chemical sterilant or checks to be sure solution is not out of date.					
2. Submerges clean, dried items in appropriate high-level disinfectant.					
3. Covers container and soaks for 20 minutes (2% glutaraldehyde or 8% formaldehyde or 0.1% chlorine solution)					
4. Removes items from chemical solution using high-level disinfected gloves or high-level disinfected forceps/pickups.					
5. Rinses items thoroughly with high-level disinfected (boiled) water to remove **all** traces of chemical disinfectant.					
6. Places in high-level disinfected, covered container and air dries.					
7. Uses immediately or stores in a covered, dry, high-level disinfected container.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					

PARTICIPANT IS _____**QUALIFIED**____**NOT QUALIFIED** TO PROCESS INSTRUMENTS, GLOVES AND EQUIPMENT

Trainer's Signature_____**Date**_____

Checklist for IUD Removal

Place a ☐ in case box if step/task is performed **satisfactorily**, and ☐ if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Does not perform the step or task according to standard procedure or guidelines

Not Observed: Step or task not performed by participant during evaluation by trainer

PARTICIPANT_____Course Dates_____

IUD REMOVAL					
Pre-removal Counseling					
1. Greets client respectfully and with kindness.					
2. Asks client her reason for removal and answers any questions.					
3. Review client's reproductive goals and need for protection against STDs.					
4. Describes the removal procedure and what to expect.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
REMOVAL OF COPPER T 380A IUD					
1. Checks to be sure client has emptied her bladder and washed and rinsed her genital area if necessary.					
2. Tells client what is going to be done and encourages her to ask questions.					
3. Washes hands thoroughly and dries them.					
4. Puts new examination or high-level disinfected surgical gloves on both hands.					
5. Performs bimanual exam.					
6. Inserts vaginal speculum to see cervix and IUD strings.					
7. Applies antiseptic solution two times to the cervix, especially the os, and vagina.					
8. Grasps strings close to cervix and pulls slowly but firmly to remove IUD.					
9. Shows IUD to client.					

10. Gently removes speculum and places in 0.5% chlorine solution for 10 minutes for decontamination.					
Postremoval Tasks					
11. Immerses both gloved hands in 0.5% chlorine solution. Removes gloves by turning inside out:					
12. Washes hands thoroughly and dries them.					
13. Records IUD removal in client record.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
POSTREMOVAL COUNSELING					
1. Discusses what to do if client experiences any problems and answers any questions.					
2. Counsels client regarding new contraceptive method, if desired.					
3. Helps client obtain new contraceptive method or provides temporary (barrier) method until method of choice can be started.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					

PARTICIPANT IS _____**QUALIFIED**____**NOT QUALIFIED** TO DELIVER IUD SERVICES BASED ON THE FOLLOWING:

- Provision of services (practice) :____Satisfactory__Unsatisfactory

Trainer's Signature_____**Date**_____

Checklist for IUD Counseling and Clinical Skills

Place a ☑ in case box if step/task is performed **satisfactorily**, and ☒ if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Does not perform the step or task according to standard procedure or guidelines

Not Observed: Step or task not performed by participant during evaluation by trainer

PARTICIPANT_____**Course Dates**_____

CHECKLIST FOR IUD COUNSELING AND CLINICAL SKILLS					
STEP/TASK	**CASES**				
IUD INSERTION					
Pre-Insertion Counseling					
1. Greets client respectfully and with kindness.					
2. Asks woman about her reproductive goals and need for protection against STDs.					
3. If IUD counseling not done, arranges for counseling prior to performing procedure.					
4. Determines that the woman's contraceptive choice is the IUD.					
5. Reviews Client Screening Checklist to determine if the IUD is an appropriate choice for the client.					
6. Assesses woman's knowledge about the IUD's major side effects.					
7. Is responsive to client's needs and concerns about the IUD.					
8. Describes insertion procedure and what to expect.					

SKILL/ACTIVITY PERFORMED SATISFACTORILY					
INSERTION OF COPPER T 380A IUD					
Pre-Insertion Tasks					
1. Obtains or reviews brief reproductive health history.					
2. Checks that client has recently emptied her bladder and washed and rinsed her genital area if necessary.					
3. Tells client what is going to be done and encourages her to ask questions.					
4. Washes hands thoroughly and dries them.					
5. Palpates abdomen and checks for lower abdominal, especially suprapubic, tenderness and masses or other abnormalities.					
6. Puts new examination or high-level disinfected surgical gloves on both hands.					
7. Arranges instruments and supplies on high-level disinfected or sterile tray.					
8. Performs speculum examination.					
9. Collects vaginal and cervical (urethral) specimens if indicated					
10. Removes speculum and either sets aside on instrument tray or places in 0.5% chlorine solution for 10 minutes for decontamination if another high-level disinfected speculum is available for use.					
11. Performs bimanual examination.					
12. Loads Copper T 380A in sterile package.					
IUD Insertion					
13. Puts new examination or high-level disinfected surgical gloves on both hands.					
14. Inserts vaginal speculum to see cervix.					
15. Applies antiseptic solution two times to cervix, especially the os, and vagina.					
16. Gently grasps cervix with tenaculum.					
17. Sounds uterus using no-touch technique.					
18. Inserts the Copper T 380A IUD using the **withdrawal** technique.					
19. Cuts IUD strings to 3-4 cm in length					
20. Gently removes tenaculum and speculum and places in 0.5% chlorine solution for 10 minutes for					

decontamination.					
Postinsertion Tasks					
21. Before removing gloves, places all instruments in 0.5% chlorine solution for 10 minutes for contamination.					
22. Disposes of waste materials in leakproof container or plastic bag.					
23. Immerse both gloved hands in 0.5% chlorine solution and removes gloves by turning inside out.					
24. Washes hands thoroughly and dries them.					
25 Completes client record.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
POSTINSERTION COUNSELING					
1. Teaches client how and when to check for strings					
2. Discusses what to do if client experiences any side effects or problems					
3. Provides follow up visit instructions and answers any questions.					
4. Assures client that she can have the IUD removed at any time.					
5. Observes client for at least 15 to 20 minutes before sending her home.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					

Checklist for Pelvic Examination

Place a in case box if step/task is performed **satisfactorily**, and if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step or task or skill not performed by participant during evaluation by clinical trainer

PARTICIPANT_____**Date Observed**_____

CHECKLIST FOR PELVIC EXAMINATION					
STEP/TASK	**CASES**				
GETTING READY					
1. Explain why the examination is being done and describe the steps in the examination.	X	X	X	X	X
2. Ask the woman to empty her bladder and wash and rinse her abdominal and genital area.	X	X	X	X	X
3. Check that the instruments and supplies are available.	X	X	X	X	X
4. Ask the woman to undress and help her onto the examining table.	X	X	X	X	X
5. Wash hands thoroughly with soap and water and dry them with a clean, dry cloth or allow them to air dry.	X	X	X	X	X
LOWER ABDOMIN AND GROIN EXAMINATION					
1. Ask the woman to lie down on the examining table.	X	X	X	X	X
2. Look at the abdomen for abnormal coloring, scars, stretch marks or rashes and lesions.	X	X	X	X	X
3. Palpate all areas of the abdomen using a light pressure. Then, palpate the abdomen using a deeper pressure.	X	X	X	X	X
4. Identify any tender areas and check for rebound tenderness.	X	X	X	X	X
5. Put new examination or high-level disinfected surgical gloves on both hands if sores are present on groin. Palpate both groin areas for bumps, buboes or swelling.	X	X	X	X	X

EXTERNAL GENITAL EXAMINATION					
1. Position woman and move drape over her.	X	X	X	X	X
2. Wash hands thoroughly and dry them. Put new examination or high-level disinfected surgical gloves on both hands.	X	X	X	X	X
3. Inspect external labia, clitoris and perineum.	X	X	X	X	X
4. Check the labia minora, clitoris, urethral opening and vaginal opening.	X	X	X	X	X
5. Check the skene's glands and urethra and take smears, if discharge is present.	X	X	X	X	X
6. Check the Bartholin's glands and take smears, if discharge is present.	X	X	X	X	X
7. Ask the woman to bear down while holding the labia open. Check for any bulging of the anterior or posterior vaginal walls.	X	X	X	X	X
8. Look at perineum.	X	X	X	X	X
SPECULUM EXAMINATION					
1. Insert the speculum fully and open the blades. Look at the vaginal walls and note any inflammation, ulcers or sores. Check for any discharge.	X	X	X	X	X
2. Look at the cervix and os and note the color, position, smoothness or discharge. If the cervix bleeds easily or there is mucopus, obtain a specimen for test.	X	X	X	X	X
3. Remove the speculum and place in 0.5% chlorine solution for decontamination.	X	X	X	X	X
BIMANUAL EXAMINATION					
1. Separate the labia with two finger of the abdominal hand and insert the tips of the index and middle fingers of the pelvic hand into the vagina.	X	X	X	X	X
2. Gradually insert fingers fully or until the cervix is touched.	X	X	X	X	X
3. Palpate the uterus and check for: ❑ Size ❑ Shape ❑ Location ❑ Consistency ❑ Mobility ❑ Tenderness	X	X	X	X	X
4. Locate ovaries and determine size and consistency.	X	X	X	X	X

RECTOVAGINAL EXAMINATION					
1. If changing gloves, immerse both hands in 0.5% chlorine solution, then removes them by turning them inside out. ❑ If disposing them, place them in a leakproof container or plastic bag. ❑ If reusing the gloves, submerge then in 0.5% chlorine solution for decontamination.	X	X	X	X	X
2. Slowly insert middle finger of the pelvic into the rectum and index finger into the vagina.	X	X	X	X	X
3. Check for tenderness or masses between the uterus and rectum.	X	X	X	X	X
4. Immerse both gloved hands in 0.5% chlorine solution, remove gloves by turning them inside out and dispose of them in a leakproof container.	X	X	X	X	X
COMPLETING THE PELVIC EXAMINATION					
1. If rectovaginal examination was not performed, immerse both gloved hands in 0.5% chlorine solution, then remove gloves by turning them inside out. ❑ If disposing them, place them in a leakproof container or plastic bag. ❑ If reusing the gloves, submerge then in 0.5% chlorine solution for decontamination.					
2. Wash hands thoroughly and dry them.					
3. Help the woman to sit up on the examining table and ask her to get dressed.					
4. Discuss any abnormal findings and what, if anything, she needs to do. If the examination was normal, tell her that everything is normal and healthy.					

PARTICIPANT IS _____**QUALIFIED**____**NOT QUALIFIED** TO PERFORM PELVIC EXAMINATION BASED ON THE FOLLOWING CRITERIA:

- Performance of Pelvic Examination (practice) :____Satisfactory__Unsatisfactory

Trainer's Signature_____**Date**_____

Checklist for Pelvic Examination

Place a in case box if step/task is performed **satisfactorily**, and if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step or task or skill not performed by participant during evaluation by clinical trainer

PARTICIPANT_____**Date Observed**_____

CHECKLIST FOR PELVIC EXAMINATION					
STEP/TASK	**CASES**				
GETTING READY					
1. Explain why the examination is being done and describe the steps in the examination.	X	X	X	X	X
2. Ask the woman to empty her bladder and wash and rinse her abdominal and genital area.	X	X	X	X	X
3. Check that the instruments and supplies are available.	X	X	X	X	X
4. Ask the woman to undress and help her onto the examining table.	X	X	X	X	X
5. Wash hands thoroughly with soap and water and dry them with a clean, dry cloth or allow them to air dry.	X	X	X	X	X
LOWER ABDOMIN AND GROIN EXAMINATION					
1. Ask the woman to lie down on the examining table.	X	X	X	X	X
2. Look at the abdomen for abnormal coloring, scars, stretch marks or rashes and lesions.	X	X	X	X	X
3. Palpate all areas of the abdomen using a light pressure. Then, palpate the abdomen using a deeper pressure.	X	X	X	X	X
4. Identify any tender areas and check for rebound tenderness.	X	X	X	X	X
5. Put new examination or high-level disinfected surgical gloves on both hands if sores are present on groin. Palpate both groin areas for bumps, buboes or swelling.	X	X	X	X	X

EXTERNAL GENITAL EXAMINATION					
1. Position woman and move drape over her.	X	X	X	X	X
2. Wash hands thoroughly and dry them. Put new examination or high-level disinfected surgical gloves on both hands.	X	X	X	X	X
3. Inspect external labia, clitoris and perineum.	X	X	X	X	X
4. Check the labia minora, clitoris, urethral opening and vaginal opening.	X	X	X	X	X
5. Check the skene's glands and urethra and take smears, if discharge is present.	X	X	X	X	X
6. Check the Bartholin's glands and take smears, if discharge is present.	X	X	X	X	X
7. Ask the woman to bear down while holding the labia open. Check for any bulging of the anterior or posterior vaginal walls.	X	X	X	X	X
8. Look at perineum.	X	X	X	X	X
SPECULUM EXAMINATION					
1. Insert the speculum fully and open the blades. Look at the vaginal walls and note any inflammation, ulcers or sores. Check for any discharge.	X	X	X	X	X
2. Look at the cervix and os and note the color, position, smoothness or discharge. If the cervix bleeds easily or there is mucopus, obtain a specimen for test.	X	X	X	X	X
3. Remove the speculum and place in 0.5% chlorine solution for decontamination.	X	X	X	X	X
BIMANUAL EXAMINATION					
1. Separate the labia with two finger of the abdominal hand and insert the tips of the index and middle fingers of the pelvic hand into the vagina.	X	X	X	X	X
2. Gradually insert fingers fully or until the cervix is touched.	X	X	X	X	X
3. Palpate the uterus and check for: ❑ Size ❑ Shape ❑ Location ❑ Consistency ❑ Mobility ❑ Tenderness	X	X	X	X	X
4. Locate ovaries and determine size and consistency.	X	X	X	X	X

RECTOVAGINAL EXAMINATION					
1. If changing gloves, immerse both hands in 0.5% chlorine solution, then removes them by turning them inside out. ❑ If disposing them, place them in a leakproof container or plastic bag. ❑ If reusing the gloves, submerge then in 0.5% chlorine solution for decontamination.	X	X	X	X	X
2. Slowly insert middle finger of the pelvic into the rectum and index finger into the vagina.	X	X	X	X	X
3. Check for tenderness or masses between the uterus and rectum.	X	X	X	X	X
4. Immerse both gloved hands in 0.5% chlorine solution, remove gloves by turning them inside out and dispose of them in a leakproof container.	X	X	X	X	X
COMPLETING THE PELVIC EXAMINATION					
1. If rectovaginal examination was not performed, immerse both gloved hands in 0.5% chlorine solution, then remove gloves by turning them inside out. ❑ If disposing them, place them in a leakproof container or plastic bag. ❑ If reusing the gloves, submerge then in 0.5% chlorine solution for decontamination.					
2. Wash hands thoroughly and dry them.					
3. Help the woman to sit up on the examining table and ask her to get dressed.					
4. Discuss any abnormal findings and what, if anything, she needs to do. If the examination was normal, tell her that everything is normal and healthy.					

PARTICIPANT IS _____**QUALIFIED**____**NOT QUALIFIED** TO PERFORM PELVIC EXAMINATION BASED ON THE FOLLOWING CRITERIA:

- Performance of Pelvic Examination (practice) :____Satisfactory__Unsatisfactory

Trainer's Signature_____**Date**_____

Client Assessment

Hormonal Methods Checklist

	YES	NO
Breastfeeding baby less than 6 weeks old [a,b]		
Bleeding/spotting between periods or after intercourse		
Jaundice (abnormal yellow skin or eyes)		
Smoker over age 35 [b]		
Diabetes		
Severe headaches or blurred vision		
Severe pain in calves, thighs or chest, or swollen legs (edema)[b]		
High blood pressure (history of)[b]		
Heart attack, stroke or heart disease (history of)		
Breast cancer or suspicious (firm, nontender or fixed) lump in the breast		
Taking drugs for epilepsy (phenytoin and barbiturates) or tuberculosis (rifampin)[c]		

IUD Checklist

	YES	NO
Client (or partner) has other sex partners		
Sexually transmitted genital tract infection (GTI) or other STD (e.g. HBV, HIV/AIDS) within the last 3 months		
Pelvic infection (PID) or ectopic pregnancy (within the last 3 months)		
Heavy menstrual bleeding (twice as long or twice as much as normal)[a]		
Prolonged menstrual bleeding (> 8 days)[a]		
Severe menstrual cramping (dysmenorrheal) requiring analgesics and/or bed rest [a]		
Bleeding/spotting between periods or after intercourse		
Symptomatic valvular heart disease [b]		

Pregnancy Checklist